

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# **FREE TRANSMITTAL**

for FY 2007

JUL 25 2011

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **810.00**

## Complete If Known

Application Number **10/569,319**  
Filing Date **February 22, 2006**  
First Named Inventor **Alexandros Tourapis**  
Examiner Name **Emmanuel Bayard**  
Art Unit **2611**  
Attorney Docket No. **PU040213; Customer No. 24498**

## METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER: **24498**

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account: Deposit Account Number **07-0832** Deposit Account Name: **THOMSON LICENSING LLC**  
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### 2. EXCESS CLAIM FEES

Fee Description	Small Entity	Fee (\$)	Fee Paid (\$)
Each claim over 20 (including Reissues)	50	25	
Each independent claim over 3 (including Reissues)	200	100	
Multiple dependent claims	360	180	
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - or HP = _____ x <b>\$50</b> = <b>\$</b> _____			
HP = highest number of total claims paid for, if greater than 20.			
<b>Independent Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - or HP = _____ x <b>\$200</b> = <b>\$</b> _____			
HP = highest number of independent claims paid for, if greater than 3.			

### 3. APPLICATION SIZE FEE

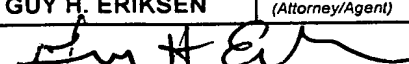
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)  
Other (e.g., late filing surcharge): **FEE FOR RCE** - **\$810.00**  
**\$810.00**

## SUBMITTED BY

Name (Print/Type) **GUY H. ERIKSEN** Registration No. (Attorney/Agent) **41,736** Telephone **(609) 734-6807**  
Signature  July 20, 2011

This collection of information is required by 37 CFR 1.135. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

OPAP  
JUL 25 2011  
PATENT & TRADEMARK OFFICE

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### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 (including Reissues)

Small Entity  
Fee (\$)  
25

Each independent claim over 3 (including Reissues)

200

Multiple dependent claims

360

**Total Claims** - or HP = **Extra Claims** x **Fee (\$)** = **Fee Paid (\$)**

**Multiple Dependent Claims**

HP = highest number of total claims paid for, if greater than 20.

Fee (\$)  
Fee Paid (\$)

**Independent Claims** - or HP = **Extra Claims** x **Fee (\$)** = **Fee Paid (\$)**

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- 100 =	/ 50 =	(round up to a whole number) x		

### 4. OTHER FEE(S)

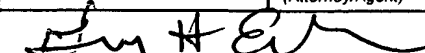
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Fees Paid (\$)

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